

Older EHR Announcements

2016 Announcements

To all providers participating in the Kentucky Medicaid EHR Incentive Program - The Kentucky Medicaid EHR Incentive Program will accept program year 2015 meaningful use attestations beginning at 8 a.m. Eastern time Thursday, April 7. The system will not be available beginning at 4 p.m. Eastern time April 6. Please keep in mind all attestations must be submitted for program year 2015 by 11:59 p.m. Eastern time May 31, 2016. Please [contact us](#) if you have questions.

Alternate Attestation Option No Longer Required - (March 10, 2016) For Program Year 2015, Medicaid Eligible Professionals (EPs) no longer have to utilize the alternate attestation option to attest to Meaningful Use (MU) on or before March 11, 2016, in order to avoid 2016 or 2017 Medicare payment adjustments. Medicaid EPs may wait until their respective Medicaid State can accept attestations, and then attest to Program Year 2015 MU through their Medicaid State EHR Incentive program. Several Medicaid EPs have already successfully completed the Alternate Medicare MU attestation for Program Year 2015. These EPs face no extra difficulties whatsoever. In fact, this group of providers have already avoided Medicare payment adjustments in 2016 and 2017. Further, these EPs can proceed with completing their Medicaid MU attestation for Program Year 2015 with their respective Medicaid State in order to obtain Medicaid Incentive payment. It is important to note, Medicaid EPs who obtain an AIU incentive payment for Program Year 2015 have not achieved MU, and are thus subject to Medicare payment adjustments.

Alternate Attestation Option Clarification - (Feb. 26, 2016) CMS has received several questions about how Medicaid providers can avoid the 2015 program year Medicare payment adjustments and would like to provide clarification: In order to avoid payment adjustments, first time providers (i.e. EPs who have not previously attested to Meaningful Use (MU)) must attest through CMS's registration & attestation (RNA) system using the alternate Medicare attestation method on/before the March 11th deadline to avoid Medicare payment adjustments in 2016 (and, this alternate Medicare attestation would also avoid 2017 payment adjustments). If they wish to earn their Medicaid incentive, they must also attest through their respective State Medicaid attestation system before the State deadline. Returning providers do not have to attest through the CMS attestation system as long as they will be able to successfully attest to program year 2015 MU with their State and the State successfully compiles and uploads to the NLR the State's MU Data batch file before October 2016.

Alternate Attestation Option Deadline Extended (Feb. 12, 2016) CMS has extended the attestation deadline for the Medicare and Medicaid EHR Incentive Program to Friday, March 11, 2016 at 11:59 pm ET. Eligible professionals, eligible hospitals, and critical access hospitals (CAHs) participating in the Medicare EHR Incentive Program can attest through the [CMS Registration and Attestation System](#). Providers participating in the Medicaid EHR Incentive Program should refer to their respective states for attestation information and deadlines. Certain Medicaid eligible professionals may use the [Registration and Attestation System](#) as an alternate attestation method to avoid the Medicare payment adjustment ([80 FR 62900 through 62901](#)). Visit the [Registration and Attestation](#) and the [2015 Program Requirements](#) pages on the [CMS EHR Incentive Programs website](#). For attestation questions, please contact the EHR

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Information Center Help Desk at 888-734-6433/ TTY: 888-734-6563. The hours of operation are Monday to Friday between 7:30 a.m. and 6:30 p.m. EST.

Alternate Attestation Option - (Jan. 12, 2016) CMS has established an alternate attestation option through the Medicare EHR Incentive Program website for providers attesting to the Medicaid EHR Incentive Program and subject to payment adjustments through Medicare. This is for providers whose state SLR systems are not available for attestation submissions and/or for providers unsure if they will meet the patient volume thresholds. This applies to providers attesting to meaningful use and with an attestation still in review for program year 2014, as well as meaningful use providers waiting to submit an attestation for program year 2015. Attesting to this alternate option is only to avoid a Medicare payment adjustment and must be submitted no later than Feb. 29, 2016. Providers still will need to submit attestations through the Medicaid EHR Incentive Program to receive incentive payments.

2015 Announcements

(Nov. 17, 2015) The Centers for Medicare and Medicaid Services recently released a finalized rule for Modified Stage 2 Meaningful Use (MU) from 2015-2017. Providers who would like to become actively engaged and register their intent to submit data (option 1) per CMS, to KHIE as the public health authority for MU in Kentucky, must sign a participation agreement and addendum associated with the public health measure selected for attestation, by Dec. 1, 2015 for program year 2015. All agreements and addenda must be signed by this date, including providers that attest to public health measure exclusions. KHIE supports the following public health measures for MU: immunization, syndromic surveillance, electronic reportable laboratory results and cancer case reporting (specialized registry). To learn more about KHIE, or to contact your local outreach coordinator, please visit the KHIE [website](#). We look forward to connecting with you.

(November 4, 2015) **Public Health Guidance** - KHIE is currently working with the Kentucky Medicaid EHR Incentive Program team and CMS to understand the Modified Stage 2 and Stage 3 Final Rule released Oct. 6, 2015.

KHIE understands that October-December 2015 is the last quarter to attest for program year 2015 and is working diligently to have new guidance published as quickly as possible.

However at this point in time we can confirm that your signed KHIE participation agreement and associated public health addendum(s) are sufficient to meet option 1 (register intent to submit data to a public health agency) of active engagement for immunization, syndromic surveillance, electronic laboratory reporting, and cancer registry measures (which falls under specialized registry reporting). KHIE and the KY Medicaid EHR Incentive Program will be providing further clarification and guidance on public health reporting through KY's HIE. Thank you for your participation with the Kentucky Health Information Exchange and Medicaid EHR Incentive Program.

(Oct. 7, 2015) CMS released the Stage 3 and Modifications to Meaningful Use(MU) in 2015-2017 Final Rule late yesterday afternoon. The Kentucky Medicaid EHR team is reviewing the

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final rule and is in process of making system changes. However, we do not have a date the application will be available to attest for Program Year 2015 MU. More information will be coming as its available.

(Sept. 23, 2015) – **2016 Payment Adjustment Fact Sheet for Hospitals now available** - CMS has posted a new Medicare EHR Incentive Program [fact sheet](#) on the 2016 payment adjustments for Medicare eligible hospitals. Visit the [Payment Adjustments and Hardship Exceptions page](#) on the CMS EHR Incentive Programs website to review the fact sheet and additional information about how Medicare eligible hospitals could be affected by payment adjustments and how to avoid them. For the EHs who received a Medicare payment adjustment letter for 2016, the application submission period for reconsiderations is Oct. 1, 2015 - Nov. 30, 2015. The application will be posted on Oct. 1, 2015.

(Sept. 22, 2015) **This is a very important notice to all providers who are participating in Meaningful Use.** As the Public Health Authority for the state of Kentucky for public health measures within the CMS EHR Incentive Program, the Kentucky Health Information Exchange (KHIE) would like to remind you that a provider must have a signed Participation Agreement and signed addendum(a) on file with KHIE for each public health objective selected for attestation.

In an effort to assist you in meeting the CMS EHR Incentive Program Year 2015 deadline and be deemed a Meaningful User, KHIE is providing the following notice:

- All requests to connect to the Kentucky Health Information Exchange (KHIE) must be received no later than Dec. 11, 2015.
- To meet the deadline and be placed on the schedule for connection, KHIE must receive a completed KHIE intake form from you. This form is available on our website or from the Outreach Coordinator assigned to your region of the state. To view this information, please visit our [website](#).
- Providers who complete and return the KHIE Intake Form by the Dec, 11 deadline will be processed into our system. We will forward the KHIE Participation Agreement and addendums to you for signature. **The Participation Agreement and applicable addendums must be returned to us by Dec. 30** (state offices are closed Dec. 31). It is your responsibility to ensure that we have received these agreements.
- Requests received after Dec. 11, 2015, will be processed after Jan. 4, 2016.

If you are already connected to KHIE, please ensure that all of your public health addendums have been signed and returned by December 30, 2015. View the [complete KHIE notice](#).

(Aug. 12, 2015) – **Program Year 2014 Attestations** - The Kentucky Medicaid EHR Incentive Program team is reviewing program year 2014 attestations as quickly as possible to identify errors requiring corrections from the provider. The review staff is reaching out to providers via the email address submitted with CMS registration without receiving a response. In the near future, CMS will require the program year 2014 attestation reviews be completed. To provide every opportunity to make the necessary corrections and avoid attestations being

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rejected, please verify your email address at the [CMS Registration site](#). If your email address is not correct, please correct and re-submit your registration.

You also may log on to the attestation website and view the attestation status in the provider status flow section on the home screen. If you see your program year 2014 attestation has been put on hold, this may indicate that an issue has been identified or supporting documentation is needed. If you have not received an email notification requesting action please contact our [office](#).

(July 29, 2015) - **Electronic Laboratory Reporting** - Kentucky recently passed legislation that requires laboratory results to be reported electronically to the Kentucky Health Information Exchange (KHIE). To get into the queue and be onboarded to KHIE for electronic laboratory reporting, providers must meet the following prerequisites:

1. Providers must have a signed participation agreement and a signed disease surveillance addendum with KHIE
2. Laboratory feeds and reference lab orders and results must be fully mapped to logical observation identifiers names and codes and Systematized Nomenclature of Medicine, with the exception of HIV- and AIDS-associated laboratory reports
3. The established all-inclusive laboratory data feed must contain HL7 2.5.1 ELR Standard Unsolicited Observation or Unsolicited Lab Observation messages from a 2014 certified electronic health record system
4. An established all-inclusive admit, discharge and transfer feed

The aforementioned requirements aim to simplify hospital responsibilities, ensure ongoing compliance with state regulations on meaningful use, adhere to KHIE methodological framework and prevent inadvertent submission of conditions prohibited from being delivered to Kentucky's National Electronic Disease Surveillance System (NEDSS). KHIE will monitor the all-inclusive laboratory feed and automatically forward disease surveillance data to Kentucky NEDSS in accordance with state regulation.

2015 Kentucky eHealth Summit - Join the Kentucky Health Information Exchange (KHIE) for the 8th Annual eHealth Summit on Wednesday, Sept. 30 at the Sloan Convention Center in Bowling Green. Don't miss this opportunity to network with hundreds of healthcare professionals including health care CEOs and administrators, IT management, providers, attorneys, privacy and security experts. [Register now](#) to attend the 2015 Kentucky eHealth Summit.

2014 Announcements

Dec. 22, 2014 - **Submission deadlines have been extended** -Submission deadlines for attestations for Program Year 2014 have been extended. **Eligible hospitals and critical access hospitals** have until **Jan. 30, 2015** to submit attestations. **Eligible professionals** have until **Apr. 30, 2015** to submit their attestations.

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Oct. 7, 2014 - **Hardship Exception Applications - Important for any provider participating in the EHR Incentive Program that bills Medicare** CMS has announcing its intent to reopen the submission period for hardship exception applications for eligible professionals and eligible hospitals to avoid the 2015 Medicare payment adjustments for not demonstrating meaningful use of certified electronic health record technology (CEHRT). The new deadline is Nov. 30, 2014. Previously, the hardship exception application deadline was April 1, 2014, for eligible hospitals and July 1, 2014 for eligible professionals. This reopened the [hardship exception application](#) submission period for eligible professionals and eligible hospitals that:

- Have been unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability; **and**
- Eligible professionals who were unable to attest by Oct. 1, 2014 and eligible hospitals that were unable to attest by July 1, 2014, using the flexibility options provided in the [CMS 2014 CEHRT Flexibility Rule](#).

These are the only circumstances that will be considered for this reopened hardship exception application submission period. [Applications](#) must be submitted by **11:59 p.m. Eastern time, Nov. 30, 2014**. Visit the [Payment Adjustments and Hardship Exceptions webpage](#) for more information about Medicare EHR Incentive Program payment adjustments.

Oct. 2, 2014 -**Meaningful Use Application and Instructions** - Medicaid providers who cannot switch back to Medicare (in the event they do not meet patient volume for Medicaid) may complete a [meaningful use \(MU\) application](#) to attest for MU to avoid payment adjustments. [Instructions](#) are provided.

Oct. 1, 2014 - **Dear EHR Providers** - On Sept. 4, 2014, CMS published a final rule giving 2014 EHR Incentive Program participants more options in the use of certified EHR technology (CEHRT) for the 2014 EHR reporting period. The CEHRT Flexibility Rule was effective Oct. 1, 2014, and the Kentucky Medicaid Program has revised its policies to comply. The CEHRT Flexibility Rule gives program participants who have not fully implemented 2014 CEHRT the option to attest to Program Year 2014 using 2013 or 2014 EHR Incentive Program objectives and measures. In conjunction with the CMS CEHRT Flexibility Rule, Kentucky Medicaid has modified its EHR Incentive Program Rules to allow program participants to attest in Program Year 2014 and gives EHR vendors additional time to develop the needed interfaces for public health reporting. The attestation guidance for Stages 1 and 2 supersedes all previous guidance issued by Kentucky. Please note that this flexibility is short-term. EHR Incentive Program Year 2015 participants who administer immunizations and attest to Stage 2 will need to be sure their EHR vendors have established connectivity with KHIE prior to their attestation. Thank you for your concerted effort to achieve meaningful use, enable EHR adoption and improve HIT initiatives across the state.

- [2014 Meaningful Use Guidance-Stage 2-Flex Guidance](#)
- [Revised Policy for Reporting MU Public Health Measures](#)
- [2014 Meaningful Use Guidance-Stage 1-Flex Guidance](#)

Sept. 11, 2014 - **Do you need assistance with meeting measure #3 of the Transitions of Care core objective?** There is a new tool available to providers that can assist on how to use the NIST EHR Randomizer. The [Randomizer tool](#) enables providers to exchange data with a test EHR in order to meet measure #3 of the stage 2 transition of care objective

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May 2, 2014 - **Are you a Medicare provider who was unable to successfully demonstrate meaningful use for 2013 due to circumstances beyond your control?** CMS is accepting applications for hardship exceptions to avoid the upcoming Medicare payment adjustment for the 2013 reporting year. Payment adjustments for the Medicare EHR Incentive Program will begin on January 1, 2015 for eligible professionals. However, you can avoid the adjustment by completing a hardship exception application and providing supporting documentation that proves demonstrating meaningful use would be a significant hardship for you. CMS will review applications to determine whether or not you are granted a hardship exception. Please click [here](#) for more information.

April 22, 2014 - **Eligible Professionals: Hardship Exception Applications due July 1, 2014** - refer to the [CMS Payment Adjustments and Hardship Exceptions website](#) for more information.

- April 11, 2014 - **Payment Reassignment** - Read the [Payment Reassignment Process](#)

Mar. 20, 2014 - Please join the Kentucky REC and KHIE for a new series of Meaningful Use Survival Seminars. This new series will be hosted at several different locations around Kentucky this spring and summer. Please see the [KREC Event Flyer 2014](#) for the details.

Mar. 7, 2014 - Attestation guidance for Stage 1 and Stage 2 is revised. Please review the guidance documents for [Stage 1](#) and [Stage 2](#). The attestation guides outline the processes to be completed prior to submitting your attestation for the EHR Incentive Program. If you have any questions regarding these processes please contact your KHIE Outreach Coordinator.

Jan. 1, 2014 - Stage 2 Meaningful Use - On Sept. 4, 2012, CMS published a final rule that specifies the State 2 criteria that eligible professionals (EPs), eligible hospitals (EHs) and critical access hospitals (CAHs) must meet in order to continue to participate in the Medicaid EHR incentive program. All providers must achieve meaningful use under [Stage 1](#) criteria before moving to [Stage 2](#) meaningful use requirements or Stage 2 Timeline for EPs, EHs and CAHs.

2013 Announcements

Dec. 10, 2013 - Learn How to Conduct a Security Risk Analysis for Your Practice. What's required? CMS has a [tip sheet](#) that will help you understand:

- Steps for conducting a security risk analysis
- How to create an action plan
- Security areas to be considered and their corresponding security measures
- Myths and facts about conducting a security risk analysis

Nov. 7, 2013 - [Stage 2 Meaningful Use Public Health Measures - Connection to KHIE required](#). During the Stage 2 meaningful use, ongoing electronic submission of data in all three core objective public health areas is required, **if** the respective KDPH programs are ready. The Stage 2 public health meaningful use objectives only can be met by electronic

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submission of messages through the Kentucky Health Information Network (KHIE). To begin the reporting process, providers/hospitals must sign a participation agreement with KHIE. The agreement can be obtained by contacting [KHIE](#).

June 4, 2013 - [What's new for Stage 1 in 2013](#).

April 11, 2013 - **Mandated Sequestration Payment Reductions Beginning for Medicare Electronic Health Record Incentive Program.** Incentive payments made through the Medicare EHR Incentive Program are subject to the mandatory reductions in federal spending known as sequestration, required by the Budget Control Act of 2011.

- **Incentive Payment Reduction** - The American Taxpayer Relief Act of 2012 postponed sequestration for two months. As required by law, President Obama issued a sequestration order on March 1, 2013. Under these mandatory reductions, Medicare EHR incentive payments made to eligible professionals and eligible hospitals will be reduced by 2 percent.
- **Reduction Timing** - This 2 percent reduction will be applied to any Medicare EHR incentive payment for a reporting period that ends on or after April 1, 2013. If the final day of the reporting period occurs before April 1, 2013, those incentive payments will not be subject to the reduction. **Please note:** This reduction **does not apply to Medicaid EHR incentive payments**, which are exempt from the mandatory reductions.
- **The Kentucky REC and the Kentucky Health Information Exchange are proud to announce a series of Meaningful Use Survival Seminars coming to a location near you.** Please refer to the [KY REC KHIE Roadshow Brochure](#) for more information regarding the locations, dates, registration, meeting agenda, CME Credit Information and other important details.
- **Important Information for Hospitals Attesting to Meaningful Use.** Read [Hospital MU Attestation Information](#).

2012 Announcement

1,925 Providers In Kentucky Receive \$115,567,468 Under EHR Incentive Programs. (June 19, 2012) - Read the [Kentucky EHR Incentive Program News Release](#).